

**Application for Student Exchange Program to  
Chula Vista's Sister City  
Odawara, Japan**



Odawara Castle

- Must be a resident of Chula Vista.
- Must be between the ages of 18 and 25 and attending College or College bound.
- Trip is July 20 through August 3, 2006
- Application is due no later than May 10, 2006.

Submit application to:

City of Chula Vista  
International Friendship Commission  
Attn: Lilia Cesena  
276 Fourth Avenue  
Chula Vista, CA 91910  
619-691-5044

APPLICATION  
STUDENT EXCHANGE TO ODAWARA, JAPAN  
(Chula Vista's Sister City)  
Dates: July 20 through August 3, 2006

**PRINT CLEARLY IN BLACK INK AND ATTACH THE REQUESTED ESSAY.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**Application deadline Wednesday, May 10, 2006.**

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_ Full-Time ☐ Part-Time ☐

GPA (Min 3.0) \_\_\_\_\_ Major or Primary field of study: \_\_\_\_\_

(Attach a copy of your most recent transcript.)

4. Language fluency: \_\_\_\_\_ (speak)\_\_\_\_(read)\_\_\_\_(write)\_\_\_\_

\_\_\_\_\_ (speak)\_\_\_\_(read)\_\_\_\_(write)\_\_\_\_

\_\_\_\_\_ (speak)\_\_\_\_(read)\_\_\_\_(write)\_\_\_\_

5. Primary language spoken in your home: \_\_\_\_\_

6. Attach two letters of recommendation, one from an academic source (counselor, principal, or teacher), and one from an employer or community organization. (Include name, title and telephone number)

7. Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Is there any health-related issue that would preclude you from participating in the Chula Vista International Friendship Commission student exchange program? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

9. Do you have any limitations that would preclude you from participating in any physical activity associated with the student exchange program (i.e. walking or prolonged sitting on an airplane)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

10. Please provide a doctor's certification that states there are no preclusions or limitations for you to participate in the 2006 Chula Vista student exchange program.

11. Would your family be open to host a Japanese exchange student upon your return from Japan? (Not required for selection) \_\_\_\_\_

If yes, fill out attached "Host Family Application Form".

Signature of the applicant will indicate understanding and compliance with the following prerequisites and conditions:

- a) Applicant is a resident of Chula Vista, California.
- b) Applicant is a student attending College or is College bound.
- c) Student will be between the ages of 18 and 25 on the date of departure to Japan.
- d) If selected, applicant is responsible for his/her own personal expenses. Airfare and ground transportation will be provided by the International Friendship Commission. While in Odawara, student will stay with a host family. Food and lodging will be provided.
- e) All selected applicants must provide 2 notarized Self Liability Release Forms.
- f) Applicants will provide his/her own official Passport.
- g) Applicant will provide his/her own medical insurance.  
Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Verification of medical coverage while in Japan. (Short-term international insurance may be obtained from travel agent.)
- h) Applicant will provide his own medical inoculations as recommended and required by the Department of Public Health and own Physician.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SUPPLEMENT**

As a supplement to the application, each applicant must submit a typewritten essay addressing the following topics: (2-3 pages)

1. Autobiographical information including interest in school, hobbies, music, art, people and any other relevant activities. Describe your own family and social activities.
2. What is your main reason for wanting to participate in this student exchange? Who and how would you and/or someone else benefit from this trip? What expectations do you have of this trip? Of the Japanese people?
3. In what way would your participation contribute toward peace, understanding or friendship between Japan and the U.S.? Odawara and Chula Vista?

## SELF LIABILITY RELEASE

Student Exchange to Odawara, Japan

Name of Student: \_\_\_\_\_

Date of departure: \_\_\_\_\_

I expressly waive, release and discharge the City Of Chula Vista, its officers, agents, commissioners, and employees or any other person from any and all liability for any death, disability, personal injury, illness (including SARS), property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my family or our heirs in connection with my participation in the above described trip.

I expressly indemnify and hold harmless the City Of Chula Vista, it's elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my heirs as a result of, or in any way related to, or arising from, the trip identified herein, of my actions in connection with my participation in this trip except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, commissioners, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# Host Family Application Form

## Participant Information

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(First, Middle, Last)

Address \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, State, Zip Code)

Number of family members living in the home \_\_\_\_\_

Gender and ages \_\_\_\_\_

Names \_\_\_\_\_  
(first names only)

Primary language(s) spoken at home \_\_\_\_\_

Family pets: \_\_\_\_\_

### **Accommodations:**

Private room \_\_\_\_\_ Private room with bathroom \_\_\_\_\_ Shared room \_\_\_\_\_

Shared room will be shared with \_\_\_\_\_  
(family member's name)

Does anyone in your home smoke? \_\_\_\_\_

### **Meals:**

#### Family will provide:

Breakfast, lunch, dinner \_\_\_\_\_ Breakfast, sack lunch, dinner \_\_\_\_\_ Dinner only \_\_\_\_\_

Other \_\_\_\_\_  
(specify)

### **Transportation:**

I will be available: within a 24 hr. notice \_\_\_\_\_ during most of the student's stay in CV \_\_\_\_\_

occasionally, provide 2-3 day notice \_\_\_\_\_